

Building Bridges Community Support

"Focused on the individual"

Expense Claim Form

Month: _____

Employee: _____

	Date	Vendor	Total with GST	GST	Total minus GST	Individual
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
		TOTALS				

Expense Totals: (original receipts must be included and numbered)

Individual	Total receipts for each

Total Expenses: _____

Director's approval: _____